

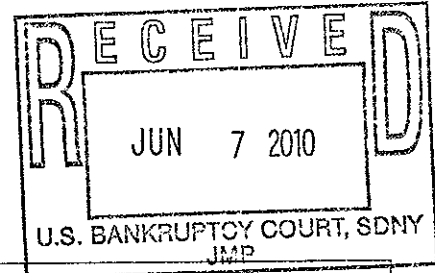


## Solidus Securities S.A.

MEMBER OF THE ATHENS STOCK EXCHANGE  
MEMBER OF THE ATHENS DERIVATIVES EXCHANGE  
MEMBER OF EUREX - MEMBER OF A.D.E.C.H

Athens, 1<sup>st</sup> June 2010  
Ref. no.: 129

The Honorable James M. Peck,  
One Bowling Green, New York,  
New York 10004, Courtroom 601



UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

Re:  
LEHMAN BROTHERS HOLDING INC., et al.,  
Debtors: LEHMAN BROTHERS TSY BV  
Chapter 11 Case No.  
08-13555(JMP)  
Jointly Administered  
Foreign Currency and no Documentation Claim  
Name of Claimants  
JOHN LIVADITIS  
ANGELIKI PSAROUDAKI  
IFIGENEIA GEORGILI-GENIGEORGIOU  
ILIAS FAMELOS  
THEODOROS SPIRATOS  
GEORGIOS LAGADINOS  
LEDA PAPADOPOULOU  
KONSTANTINOS KOKONAS

Dear Sir/Madam,

Several of our clients, holding Bonds of Lehman Brothers who filed claims on 18/09/2009, received a letter from the Weil & Gotshal, the law firm that represents Lehman Brothers, which stated that our clients' claims were not valid since the amount of claim was not denominated in U.S. Dollars.

Our clients have decided to resubmit their claims in U.S. Dollars. As they were told from one of your colleagues, they used the prevailing exchange rate of 1.4711



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MEMBER OF EUREX - MEMBER OF A.D.E.C.H

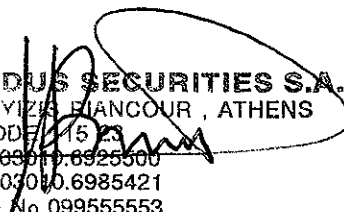
(USD/EUR). This is the cross-rate on Bloomberg on 18/09/2009, the date the claims were filed by our clients.

In addition our clients are submitting, supplemental documentation (in Greek) proving that they have purchased these bonds from Artion Securities that was acquired on 22/05/2009 by Solidus Securities. Solidus Securities representative verifies by signing and sealing the document that they are true copies of the original that we hold in our files.

We would appreciate to contact us if you need any additional information that we can provide on behalf of our clients or if there is any other reason that we can be helpful.

Contact Name: Stratis Polychroneas  
Solidus Securities  
L. Riankour 64, 11523  
Athens, Greece  
Phone: +30 210 6900659  
Fax: +30 210 6925260  
e-mail: [s.polychroneas@solidus.gr](mailto:s.polychroneas@solidus.gr)

Kind Regards,

  
**SOLIDUS SECURITIES S.A.**  
64, LOYZIS RIANKOUR, ATHENS  
ZIP CODE 11523  
TEL: 0030210.6925500  
FAX: 0030210.6985421  
TAX ID No 099555553

Elias Vongelis  
General Manager

Enclosed: Proofs of Claims with supporting documentation for each claimant.

<b>United States Bankruptcy Court/Southern District of New York</b> Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<b>PROOF OF CLAIM</b>	
In Re: Merit, LLC, Chapter 11 Case No. 09-17331 (JMP) In Re: LB Somerset LLC, Chapter 11 Case No. 0917503 (JMP) In Re: LB Preferred Somerset LLC, Chapter 11 Case No. 09-17505 (JMP)		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Name of Debtor Against Which Claim is Held <b>LEHMAN BROS. TSY BV</b>	Case No. of Debtor <b>08-13555 (JMP)</b>		
<b>Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)</b> <b>JOHN LIVADITIS</b> <b>1 PELLIS STR</b> <b>145 61 ATHENS, KIFISSIA</b> <b>0030-2106233982</b> Telephone number: <b>john.leivaditis@gmail.com</b> Email Address:		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b> _____ (If known) <b>Filed on:</b> <u>18/9/2009</u>	
<b>Name and address where payment should be sent (if different from above)</b>  Telephone number: _____ Email Address: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
<b>1. Amount of Claim as of Date Case Filed: \$</b> <u>205,954 *</u> If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete Item 6. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges.		<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a).</b> If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim:  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).	
<b>2. Basis for Claim:</b> <u>PURCHASE OF BONDS</u> (See instruction #2 on reverse side.)		<b>Amount entitled to priority:</b> \$ _____	
<b>3. Last four digits of any number by which creditor identifies debtor:</b> <u>SIN X5022958 4296</u> <b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a on reverse side.)			
<b>4. Secured Claim (See instruction #4 on reverse side.)</b> Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____			
<b>6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$</b> _____ (See instruction #6 on reverse side.)		<b>FOR COURT USE ONLY</b>	
<b>7. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. <b>8. Documents:</b> Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary. <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b> If the documents are not available, please explain:			
<b>Date:</b> <u>30/5/2010</u>	<b>Signature:</b> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. 		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

\* Bloomberg cross rate 18/9/2009 = 1.4711



## ΑΠΟΔΕΙΞΗ ΧΡΕΩΣΗΣ ΓΙΑ ΑΓΟΡΑ ΟΜΟΛΟΓΩΝ ΑΠΟ ΤΗΝ ΠΡΩΤΟΓΕΝΗ / ΔΕΥΤΕΡΟΓΕΝΗ ΑΓΟΡΑ

Η ARTION ΑΧΕΠΕΥ χρεώνει τον επενδυτικό λογαριασμό 20195 στο όνομα ΛΕΙΒΑΔΙΤΗΣ Θ. ΙΩΑΝΝΗΣ, Α.Δ.Τ. Κ070673, Α.Φ.Μ. 000572966 την 3/10/2005 με το ποσό των 139,300,00 € από την Αγορά των παρακάτω τίτλων σταθερού εισοδήματος με αριθμό πράξης : 3.174

Εκδότης :	LEHMAN BROTHERS TSY BV 7.25% 05/10/2035
ISIN :	XS0229584296
Νόμισμα :	EUR
Ημ/νία εκκαθάρισης :	5/10/2005
Ημ/νία έκδοσης :	5/10/2005
Ημ/νία λήξης :	5/10/2035
Κουπόνι :	7,250000 %
Καθαρή Αξία :	99,5000
Ονομαστική Αξία :	140,000,00 €
Αξία Κεφαλαίου :	139,300,00 €
Δεδουλευμένοι Τόκοι :	0,00 €
Συνολική Αξία :	139,300,00 €

Οι παραπάνω άυλοι τίτλοι φυλάσσονται στον λογαριασμό του πελάτη που τηρείται στο θεματοφύλακα (HypoVereinsbank)

Για τον πελάτη

**SOLIDUS SECURITIES S.A.**  
64, LOYIZOFRANCOUR, ATHENS  
ZIP CODE 115 23  
TEL: 0030 210 6925500  
FAX: 0030 210 6985421  
TAX ID No 099555553

Elias Vongelis  
General Manager

Για την ARTION ΑΧΕΠΕΥ

ARTION ΧΡΗΜΑΤΙΣΤΗΡΙΑΚΗ Α.Ε.Π.Ε.Υ.  
ΣΙΝΑ 4 - ΑΘΗΝΑ 105 72  
ΑΦΜ: 099370208 - ΔΟΥ: 045250000  
ΤΗΛ: 36 71 700 FAX: 36 27 604



**ΓΙΑ ΣΥΝΑΛΛΑΓΗ ΕΠΙ ΟΜΟΛΟΓΩΝ ΣΤΗΝ ΔΙΑΤΡΑΠΕΖΙΚΗ ΑΓΟΡΑ**

**Εντολή πελάτη για:** α. ΑΓΟΡΑ ΟΜΟΛΟΓΟΥ ..... **X** ... ..

β. ΠΩΛΗΣΗ ΟΜΟΛΟΓΟΥ ..... ..

**Κωδικός πελάτη στην ARTION AXEΠΕΥ:**

**20195**

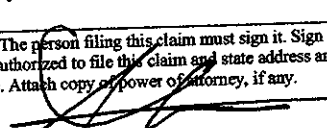
Όνομα Εκδότη:	LEHMAN BROS CAP FUND II
ISIN:	XS0229584296
Αξιολόγηση Moody's:	A1e
Νόμισμα:	EUR
Ημερομηνία εκκαθάρισης:	5/10/2005
Ημερομηνία έκδοσης:	5/10/2005
Ημερομηνία λήξης:	5/10/2035
Ημερομηνία ανάκλησης:	5/10/2010
Κουπόνι:	7.25% till 10/10; Thereafter 4*(10yr €cms-2yr €cms) min:1% max:9%
Καθαρή Τιμή:	99.50
Ονομαστική αξία:	€ 140.000
Αξία κεφαλαίου:	€ 139.300,00
Δεδουλευμένοι Τόκοι:	€ 0.00
Συνολική αξία:	€ 139.300,00

**Ημερομηνία εντολής:** 29 Σεπτεμβρίου 2005

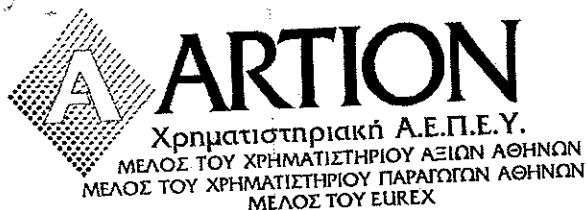
**Υπογραφή Πελάτη**

**SOLIDUS SECURITIES S.A.**  
64, LOYIZIS STAMBOUR, ATHENS  
ZIP CODE 11522  
TEL: 00302106825500  
FAX: 003021068255421  
TAX ID No 099455553

**Elias Vongelis**  
General Manager

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		PROOF OF CLAIM	
In Re: Merit, LLC, Chapter 11 Case No. 09-17331 (JMP) In Re: LB Somerset LLC, Chapter 11 Case No. 0917503 (JMP) In Re: LB Preferred Somerset LLC, Chapter 11 Case No. 09-17505 (JMP)			
Name of Debtor Against Which Claim is Held <b>LEHMAN BROS. TSY BY</b>		Case No. of Debtor <b>08-13555 (JMP)</b>	
<b>THIS SPACE IS FOR COURT USE ONLY</b>			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) <b>ANGELIKI PSAROUDAKI DODEKANISSOU 13 14562 KIFISSIA, ATHENS</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: <b>18/09/2009</b>	
Telephone number: <b>0030-210 8086073</b>		Email Address: <b>angelpsar@hotmail.com</b>	
Name and address where payment should be sent (if different from above)		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Telephone number: _____		Email Address: _____	
<b>1. Amount of Claim as of Date Case Filed: \$ 147,110 *</b> If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges.		<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a).</b> If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim:  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).	
<b>2. Basis for Claim: PURCHASE OF BONDS</b> (See instruction #2 on reverse side.)			
<b>3. Last four digits of any number by which creditor identifies debtor: 151N X5022958 4296</b> <b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a on reverse side.)			
<b>4. Secured Claim</b> (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____			
<b>6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ _____</b> (See instruction #6 on reverse side.)			
<b>7. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. <b>8. Documents:</b> Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary. <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b> If the documents are not available, please explain: _____		<b>FOR COURT USE ONLY</b>	
Date: <b>3/5/2010</b>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. 		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

Bloomberg Gross Rate 18/9/2007 : 1.4711



## ΑΠΟΔΕΙΞΗ ΧΡΕΩΣΗΣ ΓΙΑ ΑΓΟΡΑ ΟΜΟΛΟΓΩΝ ΑΠΟ ΤΗΝ ΠΡΩΤΟΓΕΝΗ / ΔΕΥΤΕΡΟΓΕΝΗ ΑΓΟΡΑ

Η ARTION ΑΧΕΠΙΕΥ χρεώνει τον επενδυτικό λογαριασμό 20221 στο όνομα ΨΑΡΟΥΔΑΚΗ Γ.  
ΑΓΓΕΛΙΚΗ, Α.Δ.Τ. Ι057822, Α.Φ.Μ. 065980660 την 3/10/2005 με το ποσό των 99,500,00 € από την Αγορά  
των παρακάτω τίτλων σταθερού εισοδήματος με αριθμό πράξης :3.186

Εκδότης :
ISIN :
Νόμισμα :
Ημ/νία εκκαθάρισης :
Ημ/νία έκδοσης :
Ημ/νία λήξης :
Κουπόνι :
Καθαρή Αξία :
Ονομαστική Αξία :
Αξία Κεφαλαίου :
Δεδουλευμένοι Τόκοι :
Συνολική Αξία :

LEHMAN BROS STR 7.25% 10/35
XS0229584296
EUR
5/10/2005
5/10/2005
5/10/2035
7,250000 %
99,5000
100,000,00 €
99,500,00 €
0,00 €
99,500,00 €

Οι παραπάνω άυλοι τίτλοι φυλάσσονται στον λογαριασμό του πελάτη που τηρείται στο θεματοφύλακα  
(HypoVereinsbank)

Για τον πελάτη

**SOLIDUS SECURITIES S.A.**  
64, LOYIZIS MIANOOUR, ATHENS  
ZIP CODE 115 23  
TEL: 003010 6925500  
FAX: 003010 6925421  
TAX ID No 09555553

Elias Vongelis  
General Manager

Για την ARTION ΑΧΕΠΙΕΥ

**ARTION ΧΡΗΜΑΤΙΣΤΗΡΙΑΚΗ Α.Ε.Π.Ε.Υ**  
ΕΠΙΘΕΤΟ 4 - ΑΘΗΝΑ 106 72  
ΑΦΜ: 099370208 - ΔΟΥ: ΠΛΕΕ ΑΘΗΝΩΝ  
ΤΗΛ: 36 71 700 - FAX: 36 22 664



20221

## ΓΙΑ ΣΥΝΑΛΛΑΓΗ ΕΠΙ ΟΜΟΛΟΓΩΝ ΣΤΗΝ ΔΙΑΤΡΑΠΕΖΙΚΗ ΑΓΟΡΑ

Εντολή πελάτη για: α. ΑΓΟΡΑ ΟΜΟΛΟΓΟΥ ..... X .....  
β. ΠΩΛΗΣΗ ΟΜΟΛΟΓΟΥ ..... ..

Κωδικός πελάτη στην ARTION AXEΠΕΥ: 20221

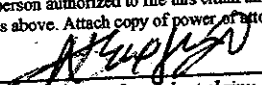
Όνομα Εκδότη:	LEHMAN BROS CAP FUND II
ISIN:	XS0229584296
Αξιολόγηση Moody's:	A1e
Νόμισμα:	EUR
Ημερομηνία εκκαθάρισης:	5/10/2005
Ημερομηνία έκδοσης:	5/10/2005
Ημερομηνία λήξης:	5/10/2035
Ημερομηνία ανάκλησης:	5/10/2010
Κουπόνι:	7.25% till 10/10; Thereafter 4*(10yr €cms-2yr €cms) min:1% max:9%
Καθαρή Τιμή:	99.50
Ονομαστική αξία:	€ 100.000
Αξία κεφαλαίου:	€ 99.500,00
Δεδουλευμένοι Τόκοι:	€ 0.00
Συνολική αξία:	€ 99.500,00

Ημερομηνία εντολής: 30 Σεπτεμβρίου 2005

Υπογραφή Πελάτη

**SOLIDUS SECURITIES S.A.**  
64, LOYIZIS PLANCOUR, ATHENS  
ZIP CODE 115 28  
TEL: 003010 4225500  
FAX: 003010 4225521  
TAX ID No 09555553



United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076 In Re: Merit, LLC, Chapter 11 Case No. 09-17331 (JMP) In Re: LB Somerset LLC, Chapter 11 Case No. 0917503 (JMP) In Re: LB Preferred Somerset LLC, Chapter 11 Case No. 09-17505 (JMP) Name of Debtor Against Which Claim is Held Case No. of Debtor <b>LEHMAN BROTHERS JSY BV 08-13555 (JHP)</b>		PROOF OF CLAIM	
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) <b>IFIGENEIA GEORGILI-GENGEORGIOU 27 STROFILOU STR KIFISSIA 14561 0030-2108072050</b> Telephone number: <b>2108072050</b> Email Address:		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Name and address where payment should be sent (if different from above) Telephone number: Email Address:		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. <b>Court Claim Number: (If known)</b> Filed on: <b>18/9/2009</b> <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ <b>147,110 *</b> If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ).	
2. Basis for Claim: <b>PURCHASE OF BONDS</b> (See instruction #2 on reverse side.) 3. Last four digits of any number by which creditor identifies debtor: <b>151N X5022958 4296</b> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.) 4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		Amount entitled to priority: \$ _____	
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ _____ (See instruction #6 on reverse side.)		FOR COURT USE ONLY	
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary. <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b> If the documents are not available, please explain:			
Date: <b>3/15/2010</b>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. 		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

\* Bloomberg cross rate 18/9/2009: 1.4711



**ΓΙΑ ΣΥΝΑΛΛΑΓΗ ΕΠΙ ΟΜΟΛΟΓΩΝ ΣΤΗΝ ΔΙΑΤΡΑΠΕΖΙΚΗ ΑΓΟΡΑ**

Εντολή πελάτη για: α. ΑΓΟΡΑ ΟΜΟΛΟΓΟΥ ..... **X** .....  
β. ΠΩΛΗΣΗ ΟΜΟΛΟΓΟΥ ..... ..

Κωδικός πελάτη στην ARTION ΑΧΕΠΕΥ: ...**20220**.....

Όνομα Εκδότη:	LEHMAN BROS CAP FUND II
ISIN:	XS0229584296
Αξιολόγηση Moody's:	A1e
Νόμισμα:	EUR
Ημερομηνία εκκαθάρισης:	5/10/2005
Ημερομηνία έκδοσης:	5/10/2005
Ημερομηνία λήξης:	5/10/2035
Ημερομηνία ανάκλησης:	5/10/2010
Κουπόνι:	7.25% till 10/10; Thereafter 4*(10yr €cms-2yr €cms) min:1% max:9%
Καθαρή Τιμή:	99.50
Ονομαστική αξία:	€ 100.000
Αξία κεφαλαίου:	€ 99.500,00
Δεδουλευμένοι Τόκοι:	€ 0.00
Συνολική αξία:	€ 99.500,00

Ημερομηνία εντολής: 30 Σεπτεμβρίου 2005

Υπογραφή Πελάτη

**SOLIDUS SECURITIES S.A.**  
64, LOYIZIS BIANCOUR, ATHENS  
ZIP CODE 115 23  
TEL: 003010.69925500  
FAX: 003010.6985421  
TAX ID No 099555553



## ΑΠΟΔΕΙΞΗ ΧΡΕΩΣΗΣ ΓΙΑ ΑΓΟΡΑ ΟΜΟΛΟΓΩΝ ΑΠΟ ΤΗΝ ΠΡΩΤΟΓΕΝΗ / ΔΕΥΤΕΡΟΓΕΝΗ ΑΓΟΡΑ

Η ARTION ΑΧΕΠΕΥ χρεώνει τον επενδυτικό λογαριασμό 20220 στο όνομα ΓΕΝΗΓΕΩΡΓΙΟΥ Θ. ΙΦΙΓΕΝΕΙΑ, Α.Δ.Τ. 0955705, Α.Φ.Μ. 063427686 την 3/10/2005 με το ποσό των 99,500,00 € από την Αγορά των παρακάτω τίτλων σταθερού εισοδήματος με αριθμό πράξης : 3.187

Εκδότης :
ISIN :
Νόμισμα :
Ημ/νία εκκαθάρισης :
Ημ/νία έκδοσης :
Ημ/νία λήξης :
Κουπόνι :
Καθαρή Αξία :
Ονομαστική Αξία :
Αξία Κεφαλαίου :
Δεδουλευμένοι Τόκοι :
Συνολική Αξία :

LEHMAN BROS STR 7.25% 10/35
XS0229584296
EUR
5/10/2005
5/10/2005
5/10/2035
7,250000 %
99,5000
100,000,00 € *
99,500,00 €
0,00 €
99,500,00 €

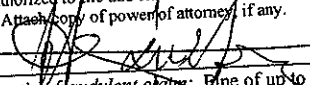
Οι παραπάνω άυλοι τίτλοι φυλάσσονται στον λογαριασμό του πελάτη που τηρείται στο θεματοφύλακα (HypoVereinsbank)

Για τον πελάτη

Για την ARTION ΑΧΕΠΕΥ

**SOLIDUS SECURITIES S.A.**  
64, LOYIZIS RIAKOUR, ATHENS  
ZIP CODE 115 26  
TEL: 003010.6975500  
FAX: 003010.6975424  
TAX ID No 099555553  
Vongelis  
Manager

**ARTION ΧΡΗΜΑΤΙΣΤΗΡΙΑΚΗ Α.Ε.Π.Ε.Υ**  
ΣΙΝΑ 4 - ΑΘΗΝΑ 105 72  
ΑΦΜ: 099370208 - ΔΟΥ: ΠΑΕΕ ΑΘΗΝΩΝ  
ΤΗΛ: 36 71 700 - FAX: 36 22 664

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		PROOF OF CLAIM	
In Re: Merit, LLC, Chapter 11 Case No. 09-17331 (JMP) In Re: LB Somerset LLC, Chapter 11 Case No. 09-17503 (JMP) In Re: LB Preferred Somerset LLC, Chapter 11 Case No. 09-17505 (JMP) Name of Debtor Against Which Claim is Held <b>LEHMAN BROS. TRS BY</b> Case No. of Debtor <b>08-13555 (JMP)</b>		THIS SPACE IS FOR COURT USE ONLY	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) <b>ILIAS FAMELOS</b> <b>4 STRAVONOS STR</b> <b>16674 GLYFADA, ATHENS, GREECE</b> <b>0030-2109681138 ifamelos@gmail.com</b> Telephone number: Email Address:		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: (If known) Filed on: <b>18/9/2009</b>	
Name and address where payment should be sent (if different from above) <b>Same</b> Telephone number: Email Address: <b>Same</b>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ <b>73,555 *</b> If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ).	
2. Basis for Claim: <b>PURCHASE OF BONDS</b> (See instruction #2 on reverse side.)			
3. Last four digits of any number by which creditor identifies debtor: <b>ISIN XS0229584296</b> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)			
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____			
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ _____ (See instruction #6 on reverse side.)		Amount entitled to priority: \$ _____	
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary. <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b> If the documents are not available, please explain:		FOR COURT USE ONLY	
Date: <b>31/5/2010</b>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. 		
Penalty for presenting fraudulent claims: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

\* Bloomberg cross rate 18/9/2009: 1.4711



## ΑΠΟΔΕΙΞΗ ΧΡΕΩΣΗΣ ΓΙΑ ΑΓΟΡΑ ΟΜΟΛΟΓΩΝ ΑΠΟ ΤΗΝ ΠΡΩΤΟΓΕΝΗ / ΔΕΥΤΕΡΟΓΕΝΗ ΑΓΟΡΑ

Η ARTION ΑΧΕΠΕΥ χρεώνει τον επενδυτικό λογαριασμό 3060 στο όνομα ΦΑΜΕΛΟΣ Π. ΗΛΙΑΣ, Α.Δ.Τ. Μ171057, Α.Φ.Μ. 025213476 την 13/04/2007 με το ποσό των 36,686.64 € από την Αγορά των παρακάτω τίτλων σταθερού εισοδήματος με αριθμό πράξης : 7,806

Εκδότης :
ISIN :
Νόμισμα :
Ημ/νία εκκαθάρισης :
Ημ/νία έκδοσης :
Ημ/νία λήξης :
Κουπόνι :
Καθαρή Αξία :
Ονομαστική Αξία :
Αξία Κεφαλαίου :
Δεδουλευμένοι Τόκοι :
Συνολική Αξία :

LEHMAN BROS STR 7.25% 10/35
XS0229584296
EUR
18/04/2007
05/10/2005
05/10/2035
7.250000 %
69.5000
50,000.00 €
34,750.00 €
1,936.64 €
36,686.64 €


Οι παραπάνω άυλοι τίτλοι φυλάσσονται στον λογαριασμό του πελάτη που τηρείται στο θεματοφύλακα (HypoVereinsbank)

Για τον πελάτη

**SOLIDUS SECURITIES S.A.**  
64, LOYIZIS PLANCOUR, ATHENS  
ZIP CODE 11523  
TEL: 0030106925500  
FAX: 0030106985421  
TAX ID No 000555553  
**Elias Vongelis**  
General Manager

Για την ARTION ΑΧΕΠΕΥ

ARTION ΧΡΗΜΑΤΙΣΤΗΡΙΑΚΗ Α.Ε.Π.Ε.Υ.  
ΣΙΝΑ ΦΛΩΡΙΝΑ 108 72  
ΑΦΜ: 099370208 - ΔΟΥ: ΦΑΕΕ ΑΘΗΝΩΝ  
ΤΗΛ.: 210-3671700 - FAX: 210-362280

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		PROOF OF CLAIM	
In Re: Merit, LLC, Chapter 11 Case No. 09-17331 (JMP) In Re: LB Somerset LLC, Chapter 11 Case No. 0917503 (JMP) In Re: LB Preferred Somerset LLC, Chapter 11 Case No. 09-17505 (JMP)			
Name of Debtor Against Which Claim is Held <b>LEHMAN BROTHERS</b> <b>TSY BV</b>	Case No. of Debtor <b>08-13555 (JMP)</b>		
THIS SPACE IS FOR COURT USE ONLY			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) <b>THEODOROS SPIRATOS</b> <b>99 ISMINIS STR.</b> <b>10443 ATHENS GREECE</b> Telephone number: <b>0030 2105130186</b> Email Address:		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known) Filed on: <b>18/9/2009</b>	
Name and address where payment should be sent (if different from above) <b>SAME</b> Telephone number: _____ Email Address: <b>SAME</b>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ <b>147,110.-*</b> If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim:  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).	
2. Basis for Claim: <b>PURCHASE OF BONDS</b> (See instruction #2 on reverse side.)			
3. Last four digits of any number by which creditor identifies debtor: <b>4296</b> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)			
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____			
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ _____ (See instruction #6 on reverse side.)		Amount entitled to priority: \$ _____	
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary. <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b> If the documents are not available, please explain:		FOR COURT USE ONLY	
Date:	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. 		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

\* Bloomberg Rate 18/9/2009: 1,4711



## ΑΠΟΔΕΙΞΗ ΧΡΕΩΣΗΣ ΓΙΑ ΑΓΟΡΑ ΟΜΟΛΟΓΩΝ ΑΠΟ ΤΗΝ ΠΡΩΤΟΓΕΝΗ / ΔΕΥΤΕΡΟΓΕΝΗ ΑΓΟΡΑ

Η ARTION ΑΧΕΠΕΥ χρεώνει τον επενδυτικό λογαριασμό 2334 στο όνομα ΣΠΥΡΑΤΟΣ Ι. ΘΕΟΔΩΡΟΣ,  
Α.Δ.Τ. Α038849, Α.Φ.Μ. 002294910 την 02/10/2006 με το ποσό των 81,100,00 € από την Αγορά των  
παρακάτω τίτλων σταθερού εισοδήματος με αριθμό πράξης : 5.956

Εκδότης :	LEHMAN BROS STR 7.25% 10/35
ISIN :	XS0229584296
Νόμισμα :	EUR
Ημ/νία εκκαθάρισης :	05/10/2006
Ημ/νία έκδοσης :	05/10/2005
Ημ/νία λήξης :	05/10/2035
Κουπόνι :	7,250000 %
Καθαρή Αξία :	81,1000
Ονομαστική Αξία :	100,000,00 €
Αξία Κεφαλαίου :	81,100,00 €
Δεδουλευμένοι Τόκοι :	0,00 €
Συνολική Αξία :	81,100,00 €

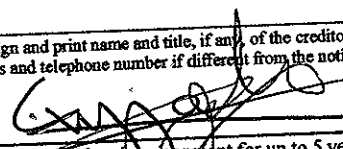
Οι παραπάνω άυλοι τίτλοι φυλάσσονται στον λογαριασμό του πελάτη που τηρείται στο θεματοφύλακα  
(HypoVereinsbank)

Για τον πελάτη

Για την ARTION ΑΧΕΠΕΥ

**SOLIDUS SECURITIES S.A.**  
64, LOYIZIS ΠΑΝΕΠΙΣΤΗΡΙΟΥ, ΑΘΗΝΕΣ  
ZIP CODE 11523  
TEL: 003010 6928500  
FAX: 003010 6985421  
TAX ID No 090555553

Elias Vongelis  
General Manager

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		PROOF OF CLAIM	
In Re: Merit, LLC, Chapter 11 Case No. 09-17331 (JMP) In Re: LB Somerset LLC, Chapter 11 Case No. 0917503 (JMP) In Re: LB Preferred Somerset LLC, Chapter 11 Case No. 09-17505 (JMP) Name of Debtor Against Which Claim is Held <b>LEHMAN BROTHERS</b> TSY BV		Case No. of Debtor <b>08-13555 (JMP)</b>	
THIS SPACE IS FOR COURT USE ONLY			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) <b>GEORGIOS LAGADINOS</b> <b>12 NEAS HALKIDONOS STR.</b> <b>17234 DAPHNI, ATHENS, GREECE</b> Telephone number: <b>00302109013845</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known) Filed on: <b>18/9/2009</b>	
Name and address where payment should be sent (if different from above) <b>SAME</b> Telephone number: _____ Email Address: <b>SAME</b>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ <b>44,133.-*</b> If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim:	
2. Basis for Claim: <b>PURCHASE OF BONDS</b> (See instruction #2 on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).	
3. Last four digits of any number by which creditor identifies debtor: <b>4296</b> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		Amount entitled to priority: \$ _____	
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		FOR COURT USE ONLY	
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ _____ (See instruction #6 on reverse side.)			
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary. <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b> If the documents are not available, please explain:			
Date: _____	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. 		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

\* Bloomberg Rate 18/9/2009: 1.4711





## ΑΠΟΔΕΙΞΗ ΧΡΕΩΣΗΣ ΓΙΑ ΑΓΟΡΑ ΟΜΟΛΟΓΩΝ ΑΠΟ ΤΗΝ ΠΡΩΤΟΓΕΝΗ / ΔΕΥΤΕΡΟΓΕΝΗ ΑΓΟΡΑ

Η ARTION ΑΧΕΠΕΥ χρεώνει τον επενδυτικό λογαριασμό 2349 στο όνομα ΛΑΓΚΑΔΙΝΟΣ Α. ΓΕΩΡΓΙΟΣ, Α.Δ.Τ. Μ125673, Α.Φ.Μ. 031058034 την 3/10/2005 με το ποσό των 30,060,00 € από την Αγορά των παρακάτω τίτλων σταθερού εισοδήματος με αριθμό πράξης : 3.183

Εκδότης :	LEHMAN BROTHERS TSY BV 7.25% 05/10/2035
TIN :	XS0229584296
Νόμισμα :	EUR
Ημ/νία εκκαθάρισης :	5/10/2005
Ημ/νία έκδοσης :	5/10/2005
Ημ/νία λήξης :	5/10/2035
Κουπόνι :	7,250000 %
Καθαρή Αξία :	100,2000
Ονομαστική Αξία :	30,000,00 €
Αξία Κεφαλαίου :	30,060,00 €
Δεδουλευμένοι Τόκοι :	0,00 €
Συνολική Αξία :	30,060,00 €

Οι παραπάνω άυλοι τίτλοι φυλάσσονται στον λογαριασμό του πελάτη που τηρείται στο θεματοφύλακα (HypoVereinsbank)

Για τον πελάτη

**SOLIDUS SECURITIES S.A.**  
64, LOYIZIS FRANKOURL, ATHENS  
ZIP CODE 11525  
TEL: 003010 4945500  
FAX: 003010 4945421  
TAX ID No 095655553

Elias Vongelis  
General Manager

Για την ARTION ΑΧΕΠΕΥ  
ARTION ΧΡΗΜΑΤΙΣΤΗΡΙΑΚΗ Α.Ε.Π.Ε.Υ.  
ΣΙΝΑ 4 - ΑΘΗΝΑ 115672  
ΑΦΜ 220370208 - ΔΟΥ: ΦΑΕΕ ΑΘΗΝΩΝ  
ΤΗΛ: 3671700 FAX: 36722864

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		PROOF OF CLAIM	
In Re: Merit, LLC, Chapter 11 Case No. 09-17331 (JMP) In Re: LB Somerset LLC, Chapter 11 Case No. 0917503 (JMP) In Re: LB Preferred Somerset LLC, Chapter 11 Case No. 09-17505 (JMP) Name of Debtor Against Which Claim is Held: <b>LEHMAN BROTHERS</b> Case No. of Debtor: <b>08-13555 (JMA)</b> <b>TSY BV</b>			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) <b>LEDA PAPADOPOULOU</b> <b>7 EPTALOFU STR.</b> <b>15124 MAROUSI</b> <b>GREECE</b> Telephone number: <b>0030210 6109660</b> Email Address:		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Name and address where payment should be sent (if different from above) <b>SAME</b> Telephone number: Email Address: <b>SAME</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: (If known) Filed on: <b>18/9/2009</b>  <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ <b>257,442.50 *</b> If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim:  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ).	
2. Basis for Claim: <b>PURCHASE OF BONDS</b> (See instruction #2 on reverse side.)		Amount entitled to priority: \$	
3. Last four digits of any number by which creditor identifies debtor: <b>4296</b> 3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)		FOR COURT USE ONLY	
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____			
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ (See instruction #6 on reverse side.)			
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary. <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b> If the documents are not available, please explain:			
Date:	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

\* Bloomberg Rate 18/9/2009: 1,4711.



## ΑΠΟΔΕΙΞΗ ΧΡΕΩΣΗΣ ΓΙΑ ΑΓΟΡΑ ΟΜΟΛΟΓΩΝ ΑΠΟ ΤΗΝ ΠΡΩΤΟΓΕΝΗ / ΔΕΥΤΕΡΟΓΕΝΗ ΑΓΟΡΑ

Η ARTION ΑΧΕΠΕΥ χρεώνει τον επενδυτικό λογαριασμό 13289 στο όνομα ΠΑΠΑΔΟΠΟΥΛΟΥ Α.  
ΛΗΔΑ, Α.Δ.Τ. Φ090340, Α.Φ.Μ. 026893137 την 02/10/2006 με το ποσό των 141,925,00 € από την Αγορά  
των παρακάτω τίτλων σταθερού εισοδήματος με αριθμό πράξης : 5.954

Εκδότης :	LEHMAN BROS STR 7.25% 10/35
ISIN :	XS0229584296
Νόμισμα :	EUR
Ημ/νία εκκαθάρισης :	05/10/2006
Ημ/νία έκδοσης :	05/10/2005
Ημ/νία λήξης :	05/10/2035
Κουπόνι :	7,250000 %
Καθαρή Αξία :	81,1000
Ονομαστική Αξία :	175,000,00 €
Αξία Κεφαλαίου :	141,925,00 €
Δεδουλευμένοι Τόκοι :	0,00 €
Συνολική Αξία :	141,925,00 €

Οι παραπάνω άυλοι τίτλοι φυλάσσονται στον λογαριασμό του πελάτη που τηρείται στο θεματοφύλακα  
(HypoVereinsbank)

Για τον πελάτη

Για την ARTION ΑΧΕΠΕΥ

**SOLIDUS SECURITIES S.A.**  
64, LOYZIS BLANCOUR, ATHENS  
ZIP CODE 11523  
TEL: 00302106985500  
FAX: 00302106985421  
TAX ID No 099555553  
**Elias Vongelis**  
General Manager

<b>United States Bankruptcy Court/Southern District of New York</b> Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<b>PROOF OF CLAIM</b>	
In Re: Merit, LLC, Chapter 11 Case No. 09-17331 (JMP) In Re: LB Somerset LLC, Chapter 11 Case No. 0917503 (JMP) In Re: LB Preferred Somerset LLC, Chapter 11 Case No. 09-17505 (JMP)		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Name of Debtor Against Which Claim is Held: <b>LEHMAN BROTHERS</b> Case No. of Debtor: <b>08-13555 (JMP)</b> <b>TSY BV</b>			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) <b>KONSTANTINOS KOKONAS</b> <b>PAPANASTASIOU 18</b> <b>RETHYMNO 74100</b> <b>GREECE</b> <b>0030 9831027401</b> <b>www.armenists2@hotmail.com</b> Telephone number:      Email Address:		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: <b>0000024315</b> (if known)  Filed on: <b>18/09/2009</b>	
Name and address where payment should be sent (if different from above)  <b>SAME</b> <b>SAME</b> Telephone number:      Email Address:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
<b>1. Amount of Claim as of Date Case Filed: \$ 73,555 *</b> If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges.		<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a).</b> If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim:  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( )	
<b>2. Basis for Claim: PURCHASE OF BONDS</b> (See instruction #2 on reverse side.)		<b>FOR COURT USE ONLY</b>	
<b>3. Last four digits of any number by which creditor identifies debtor: 15IN XS022958496</b> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)			
<b>4. Secured Claim (See instruction #4 on reverse side.)</b> Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate: _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		<b>Amount entitled to priority:</b>  \$ _____	
<b>6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ _____</b> (See instruction #6 on reverse side.)		<b>FOR COURT USE ONLY</b>	
<b>7. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. <b>8. Documents:</b> Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary. <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b> If the documents are not available, please explain: _____			
Date: <b>31/05/2010</b> Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <b>KONSTANTINOS KOKONAS</b>		Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.	

\* Bloomberg cross rate 18/9/2009: 1.4711



# ARTION

Χρηματιστηριακή Α.Ε.Π.Ε.Υ.  
ΜΕΛΟΣ ΤΟΥ ΧΡΗΜΑΤΙΣΤΗΡΙΟΥ ΑΞΙΩΝ ΑΘΗΝΩΝ  
ΜΕΛΟΣ ΤΟΥ ΧΡΗΜΑΤΙΣΤΗΡΙΟΥ ΠΑΡΑΓΩΓΩΝ ΑΘΗΝΩΝ  
ΜΕΛΟΣ ΤΟΥ EUREX

## ΑΠΟΔΕΙΞΗ ΧΡΕΩΣΗΣ ΓΙΑ ΑΓΟΡΑ ΟΜΟΛΟΓΩΝ ΑΠΟ ΤΗΝ ΠΡΩΤΟΓΕΝΗ / ΔΕΥΤΕΡΟΓΕΝΗ ΑΓΟΡΑ

Η ARTION ΑΧΕΠΕΥ χρεώνει τον επενδυτικό λογαριασμό 14127 στο όνομα ΚΟΚΟΝΑΣ Ν. ΚΩΝ/ΝΟΣ, Α.Δ.Τ. Λ992155, Α.Φ.Μ. 099121935 την 26/10/2006 με το ποσό των 50,258.22 € από την Αγορά των παρακάτω τίτλων σταθερού εισοδήματος με αριθμό πράξης : 6,177

Εκδότης :	LEHMAN BROS STR 7.25% 10/35
ISIN :	XS0229584296
Νόμισμα :	EUR
Ημ/νία εκκαθάρισης :	31/10/2006
Ημ/νία έκδοσης :	05/10/2005
Ημ/νία λήξης :	05/10/2035
Κουπόνι :	7.250000 %
Καθαρή Αξία :	100.0000
Ονομαστική Αξία :	50,000.00 €
Αξία Κεφαλαίου :	50,000.00 €
Δεδουλευμένοι Τόκοι :	258.22 €
Συνολική Αξία :	50,258.22 €

Οι παραπάνω άυλοι τίτλοι φυλάσσονται στον λογαριασμό του πελάτη που τηρείται στο θεματοφύλακα (HypoVereinsbank)

Για τον πελάτη

ΕΛΛΗΝΙΚΕΣ ΣΕΚΟΥΡΙΤΙΕΣ S.A.  
54, ΛΟΥΙΣ ΕΛΙΑΝΚΟΥΡ, ΑΘΗΝΕΣ  
ZIP CODE 10233  
TEL 00302106925500  
FAX 00302106985421  
TAX ID No 099555553  
Elias Vongelis  
General Manager

Για την ARTION ΑΧΕΠΕΥ  
*[Signature]*  
ΑΡΧΗ 0302106210 - ΕΔΡΑ ΑΘΗΝΕΣ  
ΤΗΛ 210-6971700 - FAX 210-6985421